NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Operator Project # Postmar		Date Received		Notification #			
TYPE OF NOTIFICATION (O-Original, R-Revised, C-Cancelled):								
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):								
OWNER NAME: NYCMTA								
Address: 2 Broadway								
City: New York		State:	State: NY Zip		: 10004			
Contact Name: Brian McLean				Tele	ephone: 646 25	52-3540		
REMOVAL CONTRACTOR: PAL Environmental Safety Corp. d/b/a PAL Environmental Services								
Address: 11-02 Queens Plaza South								
City:		Zip: NY		Zip	Zip: 11101			
Contact Name: Devin Jones, Proje	Contact Name: Devin Jones, Project Manager				Tele	Telephone: 718-349-0900		
OTHER CONTRACTOR:								
Address:								
City:			State:		Zip:			
Contact Name:					Telephone:			
TYPE OF OPERATION (D-Demo, O-Oro	lered Demo, R-Renovati	on, E-Emr. Renov	vation):	R				
IS ASBESTOS PRESENT? (YES NO)	Yes							
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)								
Building Name: Sutter Avenue Sta	tion, New Lots Avenue	Line						
Address: Sutter Avenue & Livonia Avenue								
City: Brooklyn		State: NY			County: Kings			
Site Location: Mezzanine								
Building Size:			# of Floors: Age In			In Years:	50 years +	
Present Use: Train Station			Prior Use:					
Procedure, Including Analytical Method, If Appropriate, Used To Detect The Presence of Asbestos Material: PLM - Polarized Light Microscopy								
Approximate amount of asbestos, including 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	RACM to be removed	Nonfriable Asbestos Material not to be removed		Indicate Unit of Measurement Below				
		CAT II CAT II		UNIT				
Linear Feet	0 LF							
Pipes					LnFt:	X	Ln M:	
Surface Area – Square Feet	1,030 SF				SqFt:	X	Sq M:	
Vol. RACM off Facility Component					CuFt:		Cu M:	
Scheduled Dates Asbestos Removal (mm/d	Start Date: 10-5-2016		Complete Date: 4-4-2017					
Schedules Dates Demo/Renovation (mm/dd/yy)		Start:		Complete:				

disposal purposes.	PLANNED DEMOLITION OR RENOVATION WORK, AND I e applicable New York State Industrial Code Rule 56, Site S	pecific Variance #16-1051. M	ethods will include double bagged for				
DESCRIPTION OF V AND RENOVATION	WORK PRACTICES AND ENGINEERING CONTROLS TO B N SITE: HEPA Vacs, MicroTraps (Negative Air Pressure) and	BE USED TO PREVENT EMISS d amended water will be utilize	SIONS OF ASBESTOS AT THE DEMOLITION ed for emissions control.				
WASTE TRANSPORTER #1							
Name:	Asbestos Transportation Company, Inc.						
Address:	2 Moriches Middle Island Road						
City:	Shirley	State: NY	Zip: 11967				
Contact Name:	Kenny Smith		Telephone: 631-924-5050				
WASTE TRANSPORTER #2							
Name:							
Address:							
City:		State:	Zip:				
Contact Name:			Telephone:				
WASTE DISPOSAL SITE (#1 or #2)							
Name:	Name: Minerva Enterprises, Inc.						
Location:	ocation: 9000 Minerva Road, P.O. Box 709						
City:	Waynesburg	State: Ohio	Zip: 44688				
Telephone: 330-866-3435							
IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:							
Name:							
Authority:							
Date of Order (mm/dd.	/yy):	Date Ordered to Begin(mm/dd/yy):					
FOR EMERGENCY RENOVATIONS							
Date and Hour of Emergency(mm/dd/yy):							
Description of the Sudden, Unexpected Event:							
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:							
DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWDER. Any ACM which is discovered unexpectedly, or non-friable ACM which becomes crumbled will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.							
I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (required 1 year after promulgation) 9/21/2016							
Signature of Owner/Operator Date							

25 6